PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										NTITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7				Γ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			→ minus 3 =		*			X43=		OR	X86=		
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT	<u> </u>				.145	 	1	`.200		
* If the difference in column 1 is less than zero, enter "0" in column 2						2	L	+145=	'	OR	+290=	100	
									TOTAL	L	OR	TOTAL	7/0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL &	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER OUSLY	PRES EXT			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 9	Minus	** 2	()	= \			X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	***	3	=			X43=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT CLAIM				+145=		OR	+290=		
									TOTAL		l	·TOTAL	
(9/29/04	(Column 1)		(Colun	nn 2)	(Colu	mn 3)	AD:	DIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRES		.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 7	Minus	- 2	t)	= \		 	X\$ 9= [·]		OR	X\$18=	
	Independent	• 3	Minus	***	3	= \			X43=		OR	X86=	
23,24,27									-145=		OR	+290=	
	- ,										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Colu	mn 3)_						1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRES		F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOS	Total	*	Minus	**		=		>	(\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		= '		 	(43= ·		o'R	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								115				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE													
		mber Previously Pai ber Previously Paid							_	ropriate box			

Application or Docket Number